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ABSTRACT

The point is made that studies of day-care use consistently confirm that the most common form of day care is in-home day care by a relative or another person. Group care as it now functions is most practical for a mother who works regular daytime hours and lives within manageable commuting distance of a center. The yearly costs per child reported for group care have ranged from a low of $400 to $1300 reported to a high of $2195 to $3895. Costs in family day care range from $114 to $1170 per year with an average of $1040. Surveys of mothers' satisfaction with care all report fairly high satisfaction with their out-of-home arrangements. At present, there is little information on the effects of day care. The definition of quality care given in this study is a program which substitutes for a good home. Findings of this study also include: (1) Size of day care centers is directly related to the quality of the program; (2) There did not appear to be any great differences in the quality of the programs related to auspices; (3) The quality of teacher performance is directly related to the type and amount of staff training; and (4) Staff of quality day care programs were judged to be more child-centered. (CK)

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GROUP AND FAMILY DAY CARE: A COMPARATIVE ASSESSMENT

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GROUP AND FAMILY DAY CARE: A COMPARATIVE ASSESSMENT

Impassioned advocates of more and better day care for our nation's children characteristically have talked as if group care were the only acceptable form of developmental day care and that existing forms of unsupervised arrangements were, at best, custodial. In their enthusiasm they also have implied that group care could be provided for all of the nation's children. Aside from issues of desirability, it seems important to assess the realism of this proposal in terms of current patterns of day care use and also of eventual costs of an extensive system of group care.

Who Uses Group and Family Day Care

Studies of day care use consistently confirm that the most common form of day care is in-home care by a relative or another person (47%). Although little is known about this form of care and it will not be discussed here, it is important to remember that in-home care accounts for nearly one-half of all day care use. Thirty-one percent of care provided is care in someone else's home, while the group day care center accounts for only 6% (Profiles of Children, 1970). 1/

Group care as it now functions is most practical for a mother who works regular daytime hours and lives within manageable commuting distance of a center. Furthermore, she needs germ-resistant children between the ages of 2 and 5, or possibly older if extended care is offered. Our experience repeatedly indicates that use of group care is highly selective according to ordinal position in family and that about 86% of children enrolled in group care will be only or youngest children. At present, in-home or family day care is virtually the only available choice for mothers with children under age two, for mothers working unusual or irregular hours, or for mothers who do not live near a group care center. Group care usually is impractical if the mother's family includes an infant and other children. As family size increases frequency of in-home care also increases. 2/

1/ The remaining 16% of mothers work only during school hours or keep the child while working.

2/ For more detailed information about day care use see Emlen (1970), Ruderman (1964), Low and Spindler (1968).

Although every day care center conceivably could offer service at all hours for children from birth upward, the effort and expense would be staggering and it is doubtful that centers could be made accessible to every neighborhood, especially in areas of low density such as those which characterize most of the far West.

The Relative Cost of Group and Family Day Care

The yearly costs per child reported for group care have ranged from a low of $400 - $1300 reported by the Westinghouse Study to $1295 - $3895 reported for exemplary models by Abt Associates (Chapman and Lazar, 1971). Most assessments have set costs about midway from $1200 to $2500. Cost of care varies with the amount of service provided. Provision of medical care, night care, infant care, transportation, and other special services all raise the cost of care. In addition to yearly operating costs the initial investment in land and buildings must be considered. 3/

Costs in family day care for independent arrangements between mother and sitter undoubtedly vary widely. The range reported for Pasadena was $114 - $1170 per year with an average of $1040 (Chapman and Lazar, 1971). The costs of a family day care system with built-in support services probably approaches the cost of group care. In family day care, unlike group care, the cost does not vary with age of child. Infant care in group settings costs considerably more than care of children over age two. Provision of night care in family day care also does not increase costs.

Family day care undoubtedly can respond more quickly to changes in community demand. In evaluating the Family Day Care Career Program in New York, Abt Associates commented, "The swift and steady growth of the system is characterized by remarkable responsiveness to community need without loss of organizational stability." (Abt Associates, 1971, Vol. 1, p. 64).

Mothers' Satisfaction with Day Care

Surveys of mothers' satisfaction with care all report fairly high satisfaction with their out-of-home arrangements. Ruderman reported that 53% of mothers using group care voiced no dissatisfaction, 17% moderate or high dissatisfaction. With care in someone else's home, no dissatisfaction was 41%, moderate to high dissatisfaction 31% (Ruderman, 1964). Low and

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3/ Evaluating cost of care is a complex issue. For a careful discussion of the differences in methods which lead to discrepancies in cost such as those found in the Westinghouse and Abt figures, see Rowe (1971).

Spindler (1968), as part of a 1965 census, reported 9.6% of mothers dissatisfied with care in someone else's home, 8.2% as dissatisfied with group care. 4/

Statistics on satisfaction according to type of care gloss over the variety of reasons why a particular arrangement is or is not viewed as satisfactory. Often the degree of satisfaction is related to the way in which the caretaking arrangement fits the unique needs of an individual family. In this respect day care services differ markedly. Although there is considerable variation among group centers in breadth and flexibility of services, family day care can more easily adapt to individual family needs, while good in-home care permits the family to function with minimum disruption.

Evidence on costs and usage appears to indicate that an adequate day care system should not be limited to the group care option. Family needs for care take many forms and will vary from one community to another. For these reasons it seems unwise to promote one type of care to the exclusion of others. Families need the availability of a variety of options including mixed options such as nursery school and family care.

The Issue of Quality and the Effects of Day Care

At present, there is little information available on the effects of day care, either positive or negative. Children in exemplary programs show short term gains similar to those found in Head Start. Long term effects have not been established. The assessment of outcomes of day care involves consideration of a complex interlacing of variables which must include differences among children and the impact of home life. It is possible, however, to make some assessment of quality of care. Policy statements on day care frequently describe quality in terms of a custodial - developmental continuum with custodial providing only protection and attention to physical needs while developmental includes the whole range of services such as education, medical and nutritional supervision, and services to parents.

Our definition of quality care in a full-day program has been that it should substitute for a good home.

> A good home provides a setting in which love and respect among individuals of different sexes and different ages can be dependably experienced by the child, and in which care for his physical needs is accompanied by care for <u>him</u>.
>
> A good home also provides age-appropriate learning experiences by giving the child an environment characterized by variety and opportunity for sensory experience, which can be explored

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4/ Our survey of 219 mothers using group care also produced 8.2% dissatisfied with care (Prescott, 1964).

> by the child in his own time and in his own way. In substituting for the home, a good day care program will make every effort to provide considerate attention to the particular needs of the individual, offering him sufficient opportunities for personal attention and personal choices to balance the demands for his conformity to group behavior patterns.
>
> (Prescott and Jones, 1967, p. 53-54)

In testimony to the Senate Finance Committee in 1971 Mary P. Rowe also used the criteria of home substitute as a definition of developmental day care.

> Developmental care provides at least the same amount of care and attention available in a good home with the full range of activities suitable to <u>individualized</u> development.
>
> (Rowe, 1971, p. 2)

In assessing quality it is also possible to look for conditions which are positively or negatively associated with quality as defined. In a previous study we used this approach for examining quality in a random sample of 50 day care centers. Our criteria for quality were teacher behavior which was high in encouragement and low in restriction and in routine guidance and children's responses which were enthusiastic and involved (Prescott and Jones, 1967).

Our findings based on this approach have been summarized by Chapman and Lazar as follows:

> <u>Size of Center</u>: is directly related to the quality of the program. Centers of moderate size, between 30 and 60 children, tend to be of highest quality. Quality declined in centers of over 60 children, even when space and staff quality were high. As centers increased in size, they became more sterile; the administrative complexity tended to increase the possibility of an impersonal environment and non-individualized schedules, rules, etc.
>
> <u>Auspices</u>: There did not appear to be any great differences in the quality of the programs related to auspices, although in proprietary centers they found child rearing values and practices to be less discrepant with those of the parents. Proprietary centers were more concerned with pleasing parents. Family day care seemed to offer more intimate, relaxed experience and greater flexibility in caring for infants and toddlers than center based day care.
>
> <u>Staff</u>: . . . they report quality of teacher performance to be directly related to the type and amount of staff <u>training</u>,

> . . . Staff of quality day care programs were judged to be more child-centered, and more frequently to use non-authoritarian styles described as nurturant, warm, friendly, sensitive, relaxed and individual-oriented than staff of day care programs of less high quality.
>
> (Chapman and Lazar, 1971, p. 14-15)

In a study of 20 exemplary programs Abt Associates replicated our findings on auspices and on center size (Chapman and Lazar, 1971).

Another finding from our study was discovery that there were marked differences in the way in which centers structured their daily program. In one type of format children regularly were given considerable freedom to choose among activities. In the other type teachers made most of these choices. The first format we have labeled open structure, the second format closed structure.

In our current study, we have observed samples of children in open and closed structure group programs and in family day care homes and compared them with children who attend half-day nursery school and spend the remainder of their day at home.

In selecting our sample we chose 14 centers, 7 open and 7 closed structure, under a variety of auspices with a community reputation for quality. Our criterion of quality for family day care homes was willingness to declare oneself as a giver of care by participation in the Family Day Care Project. The "good home" sample consists of children who use Pacific Oaks half-day nursery school from two to five days a week and spend the remainder of the day at home with mother. These children come from intact homes where concern for provision of a good child-rearing environment is high.

Six children were selected from each of the 14 centers and one child from each home setting. Every child was observed from 180 to 200 minutes in one day, usually two hours in the morning and one hour in the afternoon. All children were between the ages of two and five years. Our observation schedule was designed to describe the child's mode of activity every 15 seconds. These units were recorded in and are grouped into an activity segment matrix so that we can examine the child's experience at two levels of organization.

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Differences Among Child-Rearing Environments

How Do Children Spend Their Time?

The first question which we attempted to answer was What do Children do in day care? We began by identifying time used for involved play, as opposed to time spent finding something to do, or moving from one activity to another. We labeled a child's day according to four categories.

Activity Segment: Time spent in an activity which lasted four or more minutes.

Official Transition: Time required by routines to move from one activity to another. Examples are toileting, waiting for lunch, going outside.

Unofficial Transition: Time required by a child in moving from one activity to another.

Abortive Activity: An activity segment which lasts less than four minutes.

Table 1 shows the differences in the way children spend their time. In closed structure centers nearly one-fourth of a child's time is spent in the routines necessary to move from one activity to another. Home settings produce larger amounts of abortive activity than do group settings.

TABLE 1

THE WAY CHILDREN SPEND THEIR TIME

AMOUNT OF TIME SPENT IN:	TYPE OF CENTER			
	Closed Center (N=42)*	Open Center (N=42)	Family Day Care (N=12)	Nursery School-Home combination (N=14)
Activity segments	63.4%	70.2%	75.5%	70.8%
Official transition	23.5	10.4	2.6	3.9
Non-official transition	2.7	3.6	4.7	4.4
Abortive activity	10.4	15.8	17.2	20.9
	100.0%	100.0%	100.0%	100.0%

*N = number of children observed

Initiation and Termination of Activity Segments

Since we were concerned with individualization we looked for a series of indicators of its occurrence. The source of initiation for the beginning and ending of the child's activities seemed to be indicative of individualization and of opportunities for autonomy and initiative. The terms used in Table 2 appear repeatedly in our data and have the following meaning.

Pressure: Child is expected to comply with adult request.

Initiation: A suggestion is made, compliance is not required.

Spontaneous: Child initiates on his own, no adult or child input recognizable.

Natural Ending: The activity clearly has a natural endpoint and child stops the activity when it is completed.

TABLE 2

INITIATION AND TERMINATION OF ACTIVITY SEGMENTS BY TYPE OF CARE

	TYPE OF CARE			
	Closed Center (N=42)	Open Center (N=42)	Family Day Care (N=12)	Nursery School-Home combination (N=14)
INITIATION OF ACTIVITY SEGMENTS				
Adult pressure	58.2%	20.0%	13.5%	8.6%
Adult initiated	9.4	23.0	21.7	27.5
Initiated by another child	1.0	4.6	6.4	5.0
Spontaneous	25.1	45.6	52.4	50.5
Unclear or other	6.3	6.8	6.0	8.4
	100.0%	100.0%	100.0%	100.0%
TERMINATION OF ACTIVITY SEGMENTS				
Adult pressure	56.9%	20.5%	14.4%	6.5%
Adult initiated	10.9	20.3	13.8	19.4
Initiated by another child	1.6	3.7	5.9	5.1
Spontaneous	20.3	41.9	46.8	55.5
Natural ending or unclear	10.3	13.6	19.1	13.5
	100.0%	100.0%	100.0%	100.0%

Pressure is highest in closed structure group care, lowest in the home-school combination, while the spontaneous category is lowest in closed structure centers. Individualizing care often means helping a child get started with an activity by offering it as a possibility. This possibility is markedly absent in closed settings.

Amount of Adult Input

The amount of attention from adults also seemed to be an important indicator of individualization. We tallied the number of times the child being observed obtained adult input and recorded whether it was directed to him individually or to the group. There is a marked difference in adult input according to type of care. See Table 3.

TABLE 3

AVERAGE ADULT INPUT BY TYPE OF CARE

AVERAGE ADULT INPUT	TYPE OF CARE			
	Closed Center (N=42)	Open Center (N=42)	Family Day Care (N=12)	Nursery School-Home combination (N=14)
Instigation to individual	23.4	26.2	49.6	64.9
Pressure to individual	48.3	18.3	23.9	8.5
Total	71.7	44.5	73.5	73.4
Instigation to group	19.8*	10.2*	4.4	4.3
Pressure to group	19.7*	4.1*	0.8	0.5
Total	39.5	14.3	5.2	4.8

* The average input in these categories is computed from an N of only 30 children because this dimension was not added until the data were partly collected.

Adult attention to the child as part of a group may be informative, but it is not personal. Adult pressure may be personal, but it is seldom individualized, since pressure is almost always concerned with compliance to routines and demands of the setting.

The following was a relatively common example of a sequence of adult pressure inputs, numbering four in this case.

1. John - time to come in.
2. John, time to come in.
3. John - get off the trike. It is time to come in.
4. John! Get off that trike. Right now!

A child in a closed structure center averaged the largest amount of adult input (including group). Interestingly, the total amount of individual input was almost identical for closed structure and home settings and was markedly lower for open structure group care. Instigation was much higher in the two home settings and highest in the home-school group.

Play Structure

Each activity segment was rated according to the extent to which it permitted alternatives or a variety of possibilities or directions of the play. For example, activities such as play dough and doll play are rated as open, swings and tinker toys as relatively open, and working puzzles and tracing of templates as closed. Closed structure centers offer many closed activities while homes characteristically offer activities which are more open.

TABLE 4

ACTIVITY STRUCTURE BY TYPE OF CARE

ACTIVITY STRUCTURE	TYPE OF CARE			
	Closed Center (N=42)	Open Center (N=42)	Family Day Care (N=12)	Nursery School-Home combination (N=14)
Closed	39.7%	16.7%	7.0%	10.7%
Relatively open	34.5	35.4	33.0	40.8
Open	21.9	45.4	56.0	48.5
Does not apply	3.9	2.5	4.0	0.0
	100.0%	100.0%	100.0%	100.0%

Amount of Mobility

There are differences in the amount of physical mobility permitted in settings. See Table 5.

TABLE 5

MOBILITY BY TYPE OF CARE

MOBILITY	TYPE OF CARE			
	Closed Center (N=42)	Open Center (N=42)	Family Day Care (N=12)	Nursery School-Home combination (N=14)
Little mobility	51.7%	36.1%	29.6%	42.9%
Indeterminate	33.5	41.2	41.7	38.8
Much mobility	10.9	20.2	24.7	18.3
Does not apply	3.9	2.5	4.0	0.0
	100.0%	100.0%	100.0%	100.0%

Closed structure group programs often set strict limits on mobility. Homes seldom do. For example, if the activity is watching TV, or coloring, often in a group setting no one is permitted to move from a sitting position for the duration of the activity. Homes seldom require this degree of immobility. A child watching Sesame Street at home often will roll around and turn somersaults or move his coloring from table to floor.

The table of mobility indicates, as expected, a high percentage of limited mobility in closed structure centers. In these centers adults select many activities which require of children long periods of sitting. This figure drops for open structure programs and for family day care. The fact that it is high for the home-school combinations offers some interesting evidence on the presence of an educational component. In this setting adults offer many small muscle activities which the child is free to use - paper and pencils, cards, games such as Candyland are readily available and children may spend much time involved with them. The high percentage of abortive activity shown in Table 1 is partly accounted for by the burst of physical activity and rapid exploration which often occurs for these children when they switch from one limited-mobility activity to another.

Content of the Activity Segment

Every activity segment was labeled by the observer according to the major content of the activity. Singing songs or reciting nursery rhymes would be coded as imitation of prescribed patterns, the tracing of templates or naming of colors as cognitive activities, carpentry or painting as creative exploring.

Table 6 again indicates that structured transitions are an activity of significant frequency in closed settings. Creative exploring rises steadily across settings. The frequency of cognitive activities is slightly higher in homes than in open structure group settings. The largest part of the cognitive component in the home-school combination was contributed by the home.

TABLE 6

CONTENT OF ACTIVITY SEGMENT BY TYPE OF CARE

CONTENT OF ACTIVITY SEGMENT	Closed Center (N=42)	Open Center (N=42)	Family Day Care (N=12)	Nursery School-Home combination (N=14)
Listening, watching	9.7%	12.6%	14.2%	17.3%
Large muscle activity	7.8	15.2	16.0	9.8
Imitation of prescribed patterns	7.7	2.5	1.3	1.0
Creative exploring	16.2	20.5	23.4	28.4
Conversation, informal, formal, affectionate	2.7	3.7	6.4	3.6
Testing limits, social skills	6.5	5.5	6.9	3.4
Dramatic play	8.5	11.2	10.1	11.8
Doing work	2.1	1.8	1.1	1.8
Cognitive activities, standard, unusual	11.7	5.5	7.8	13.8
Eating	9.4	12.4	10.6	7.9
Structured transition	17.7	9.1	2.2	1.2
	100.0%	100.0%	100.0%	100.0%

Mode of Children's Behavior

Data from the 15-second coding of child's mode of response are not yet available. However, I predict that the following modes of response will occur with greater frequency in family day care and home-school settings than in group settings.

Active elimination or negation

Example: Child reaches for John's cupcake. John says, "Stop that!"
Child removes his juice cup and shakes head as teacher leans over to pour juice.
Child says, "You be the baby." Mary says, "No."

Receives positive input from adult such as help, information, praise or comfort, both task and affect oriented.

Example: Mary sits on couch talking while attentive adult combs her hair.
Adult comes over and hugs John.
Adult shows Jane how to get paste to stick.

Perceptive - reflective

Example: Child lies on his back in cargo net while it is swinging, moving slightly to motion of net.
Child puts finger in paint can. Holds it there, then moves it only enough to perpetuate the tactile sensing of paint moving against skin.
Child listening to story shows postural identification with action being described, but continues central attention towards story teller.

Copes effectively with social constraints, spontaneously shows understanding of the social system and/or effectively asserts own desires within social system.

Example: Adult says, "I want everyone to wash up now." Child says, "I just washed when I went to the bathroom. Can I read a little longer?"
Child gets glass from cupboard, juice from refrigerator and expertly pours juice.

Child offers sympathy, help, affection

Example: Child comforts another child who is crying.
Child puts arm around another child.
Child displays tenderness to an animal.

Predicting To Other Variables

The data which have been presented are descriptive of the child's behavior and adult relation to it. We have also collected considerable data on the nature of the setting, and the number and kinds of people in it. As we have stated in previous writings (Prescott and Jones, 1970), behavior settings (in the present discussion, family homes and day care centers) appear to possess inherent regulatory features that stem from the purposes for which the settings exist, their physical attributes, and the number and kinds of persons present in them. These aspects of a setting determine to a great extent the activities and types of behavior that will probably occur within its boundaries (Barker, 1963). When a setting is not optimal for certain kinds of activities and behavior, such actions are not likely to occur unless the adults involved are highly motivated to bring them about and are exceptionally skilled in doing so.

Although our data are not yet compiled we have found marked differences among settings in the aspects described above and we consider them to be regulatory of behavior which can occur.

Spatial Differences

We have identified some spatial dimensions which differ markedly across program types. One that is particularly pertinent to a comparison of home-school settings is the softness rating, which is based on the presence or absence of the following criteria.

1. Child/adult cozy furniture: rockers, couches, lawn swings, etc.
2. Large rug or full carpeting indoors
3. Grass which children can be on
4. Sand which children can be in, either a box or area
5. Dirt to dig in
6. Animals which can be held and fondled
7. Single sling swings
8. Play dough
9. Water as an activity
10. Very messy materials such as finger paint, clay, mud
11. "Laps", adults holding children

Closed structure centers characteristically offer none of these opportunities, while open centers more commonly make them available. Homes abound in softness - they have couches, pillows, chocolate pudding to help make, water play in the back yard in hot weather. Dogs and cats are common in home settings and are not found in group settings. Privacy also is commonly available in home settings, and is rarely found in group settings unless carefully built in by adults. (However, bad behavior sometimes gives a child the privacy of an isolated corner or the director's office.)

Contact with Outside World

Another distinctive feature of the homes we have visited as compared to centers is the frequency of occasions which bring community people into the home or take the child out into the community. The need to pick up a child means a daily walk to the school, a chance to visit the classroom and watch the older children. Trips to the market, bank, doctor's office are common. Some group centers plan such outings, but these trips are not easily undertaken with the adult-child ratios which now prevail, and much adult effort goes into supervision rather than informal conversation.

Number and Kinds of People

There are marked differences in the numbers and kinds of people in the various settings. Closed structure centers invariably group children by age; open structure centers sometimes mix 2½ to 5 year old children. Family day care homes commonly have infants, toddlers, and children who come home from school. Instances of care and attention to infants were common in family care, non-existent in group care.

The number of people in a setting also varied. Although we tried to get a range of settings according to size, all of our closed structure settings were large centers (over 60) and we found no small centers (under 30) with closed structure. Of course home settings are markedly smaller. We seldom found more than four children at one time. In the home-school sample children often were the only child in the home, invariably had their own room, and could choose from only two alternatives, spend time with mother, or spend time by self.

Assets and Liabilities

The data which have been presented would appear to shed some light on the possibilities which several types of day care offer for experiences considered to promote sound development during the preschool years. Each type appears to offer certain kinds of experience more easily than others.

Closed structure day care This setting characteristically offers high adult input so that a child can feel fairly certain of adult attention. It presents clear adult authority and offers children who are not afraid of adult sanctions an opportunity to test social limits. (Limit-testing of skills, especially physical skills, rarely is allowed.) Adults do not respond to children in an individualized way. This lack may damage self-esteem in children who feel that their wishes are always disregarded or it may make children overly timid about asserting their ideas or opinions.

This type of program also has relatively high cognitive input, as defined by opportunities for small muscle, closed structure activities designed to teach perceptual skills and master eye-hand coordination. Closed structure activities can offer opportunities for a sense of achievement and competence lacking in open activities. A puzzle presents specific constraints and when they have been met there is a clear and rewarding end. Dough and swinging do not offer this sense of mastery and completion. Other cultural conventions such as colors, shapes, positional prepositions also are taught. Since these are characteristically presented as a group activity, they are not tied into a child's immediate experience. Inevitably some children do not understand what they are doing, and may emerge confused about the task and doubtful of their competence. Broad concepts or creative problem solving seldom are offered as cognitive tasks. Social skills usually are taught by adults as rules and manners although a child can learn much about peer relationships. The large amount of time spent in structured transitions often provides unplanned opportunities for peer interchange.

Sensory stimulation is notably lacking in this type of program. Adults rarely hold or hug children, and paint, clay and other sensuous materials characteristically are absent. Environmental responsiveness in the form of sand, pillows, swings and cuddly toys usually is lacking.

Open structure day care This setting offers considerable freedom to explore, to initiate, to be mobile and to experience the world through sensory channels. Open structure centers provide much less predictable adult input. If the relatively low input is not exceedingly individualized, children may turn to their peers for help, attention and social imitation. Such behavior might restrict both present and future opportunities to learn from adults.

This setting characteristically offers excellent opportunities to develop social skills with peers. The weakness in such a program lies in the danger that the adults may not have sufficient impact on the environment either through their ability to individualize, label and clarify or through their ability to introduce complexity into the physical environment. Although this environment offers many of the exploratory opportunities necessary for cognitive growth, the teacher may not capitalize on them, keeping the program at a low level of complexity.

Another problem in this setting is that children's needs pile up at certain times of the day such as lunch and before and after naptime. In closed structure centers children soon learn that the teacher expects them to manage independently, but in many open structure settings teachers would like to meet individual needs and children are still hopeful that they might. It is hard for a teacher to spread herself so far. Even though extra help is provided at such times, many children want attention from their own teacher.

Family day care homes Homes appear to offer most of the components essential to individualized care: flexibility, high adult initiation, opportunities for sensory input, and creative exploring. These ingredients appear especially ideal for infants and toddlers. Opportunities for peer interaction are somewhat unpredictable depending on the grouping in any given home. Preschool children may not have available playmates to develop optimum complexity in spontaneous play. However, long periods of rich, uninterrupted play are possible, permitting children to test the limits of their play ideas and to reach the saturation point without interruption.

The high percentage of activities with much mobility combined with the low percentage of closed activities may indicate a lack of materials which require small muscle skills, eye-hand coordination. As in open structure settings the adult may miss opportunities to move the child toward greater complexity. However, we have found a great deal of conversation and talking about things in homes. Much of the recorded adult input occurred during long adult-child conversations about people and events.

After years of observing in group care programs, our first observations in homes produced a kind of culture shock. Conversations were not formal discussions of "what little rabbit did" but about whether the photograph on the bureau was taken before or after the family day care mother was married, and if John (her son) was born then, or whether "the post office where my daddy works is the same one where the mail man gets his mail".

There is also considerable teaching about younger children. I observed a long activity segment of a 4 year old playing with a 13 month old toddler while the family day care mother was sitting in a nearby armchair sewing. She kept monitoring the play and explaining to the 4 year old what was happening.

> "He can't throw it to you - he doesn't know where it will go when he does that."
>
> "When you help him up like that you choke him. Look where your hands are. Let him get up by himself; that is the best help."

This kind of conversation went on and on. I finally labeled the activity segment "Practicum and Seminar in managing Tommy". Homes offer a slice of the real world and do not have the feeling of artificiality common to many group programs.

Family day care has been criticized for the absence of an educational component. In our data, the higher percentage in the category of much mobility may be indicative of some potential shortcomings. In the "good home" group, parents and teachers continually offered interesting activities

which were selected by the child and involved an attentive, sitting-still, small muscle orientation. Most family day care homes offer vastly more opportunities than group programs to comprehend the adult world and its functioning, but some are lacking in presentation of "stuff" and encouragement to use it. Paper, pencils and crayons, paste, scissors may never be offered. Yet most kindergartens assume considerable previous experience with these materials.

Home-school combination With few exceptions our data have fallen on a continuum from "closed structure centers" at one end to "home-school combination" at the other. This home-school group offers the maximum in a child-centered orientation. At school these children are assured of rich opportunities for peer interaction in an environment rich in things and people (adult-child ratio is 1:6). The home setting characteristically provides two ingredients: the privacy of the child's room, again rich in things, and access to an adult who expects to spend some time in a one-to-one tutoring relationship. These mothers are skillful teachers, continually looping the child's perceptions and observations into more complex relationships.

This kind of attention is possible, as we see it, partly because there are not large numbers of other children in the setting. Many teachers in group settings who do not behave in this way have done this kind of teaching at home with their own children, but cannot do it in a larger setting given the constraints of scheduling and group management.

Family Day Care as a Community Service

Reports from a variety of day care projects have commented on the warm and responsible care found in family day care homes (Chapman and Lazar, 1971). The mothers whom we observed certainly fitted this description. They clearly liked children and enjoyed interacting with them.

The data presented here also indicate that homes, as compared to full day group programs, offer a more flexible environment which includes higher adult responsiveness and much opportunity for exploration and for choice-making. Therefore, it seems reasonable to conclude that family day care offers many of the experiences which are considered essential to growth in the early years.

The Educational Component

Family day care is criticized for its lack of an educationl component. Certainly this component takes a different form in family day care homes than in group programs. Educational opportunities in

homes develop naturally around two kinds of experiences. One is the chance to explore, through all sensory channels, the world of immediate experience. The second is the opportunity to observe and talk about the real world and how it works. Although adults differ in their ability to make these experiences maximally useful to children, homes, by their nature, do provide rich educational experiences.

Homes do not always offer a sufficiently well-rounded experience to provide children with all the skills and knowledge of others' expectation that might be useful as they move into the broader community. As children approach school age some experience with more complex settings probably is useful in building solid bridges between home and school.

Contacts with the outside world also help care-givers to gain a more objective view of their home and its experience vis-a-vis the broader life of the community. Nursery schools such as cooperatives and Head Start have served this function, offering a program both for children and adults. The informal, neighborhood-based nursery school has much to offer as a supplement to the home. It is important that it be accessible both physically and psychologically. Rigidity of expectations concerning hours and attendance and formal teacher-oriented curriculum models all tend to exclude the care-giver from participation in the setting.

Certainly family day care or any form of home care should not be expected to carry the entire burden of education without the help of supportive services. These services are available in abundance to the families of children reported here as the home-school combination. Some homes in our family day care sample also have children in nursery school or Head Start part of the day, and our limited evidence suggests that the combination is a fruitful one. 5/

Lack of Visibility

The family day care network, as it now exists, is not sufficiently visible to potential users. Mothers who find good family day care arrangements often report that they stumbled into them through word-of-mouth or ads on supermarket bulletin boards. 6/ Family day care would be

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5/ June Sale (1971) describes a variety of ways in which community resources have been made more accessible to mothers in her project.

6/ Both the Pasadena and the Portland Family Day Care Projects have provided much useful data about this network and ways in which it might be tapped. (Sale, 1971; Emlen, 1971; Collins, 1969).

much more useful community service if its services could be made more accessible to users.

In addition, if the service were more visible and received recognition in the community as an important component of community life, women might be more willing to declare officially that they are, indeed, care-givers. This step would then permit more sensible planning of supportive community services.

Family Day Care as an Indicator of Neighborhood Quality

Family day care appears to be an especially suitable form of care, in communities where population density is relatively low and single family housing units, rather than apartments, are common. In every home where we observed, outdoor play space was ample and easily accessible. In communities where this is not the case, family day care may offer more limited usefulness. Willner (as reported in Emlen, 1970) commented on the physical inadequacies of the home environments in the New York Family Day Care Project. However, in those communities, a major problem across the entire childhood age-range often is that the neighborhood does not provide a good child-rearing environment for any of its families. And, until this problem is tackled, even the best group care option will fail to meet family needs.

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